



AF/1654

**PATENT**  
Attorney Docket No. SSI-011

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): James Wilkie  
SERIAL NO.: 09/747,293 GROUP NO.: 1654  
FILING DATE: December 22, 2000 EXAMINER: Roy Teller  
TITLE: METHODS AND COMPOSITIONS FOR SEALING TISSUE LEAKS

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

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\_\_\_\_\_  
Lynn Khosla

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

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Submission of Request for Withdrawal as Attorney or Agent and Change  
of Correspondence Address (1 pg.);  
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Alexandria, VA 22313-1450

SUBMISSION OF REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS

Sir:

Attorneys of record submit this Request for Withdrawal as Attorney or Agent and Change of Correspondence Address under 37 C.F.R. 1.36. Attorneys of record believe that no fee is due.

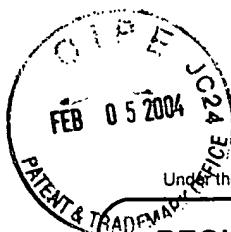
Respectfully submitted,

*Ronda P. Moore, D.V.M.*

Ronda P. Moore, D.V.M.  
Testa, Hurwitz, & Thibeault, LLP  
High Street Tower  
125 High Street  
Boston, Massachusetts 02110

Date: February 3, 2004  
Reg. No. 44,244

Tel. No.: (617) 248-7044  
Fax No.: (617) 248-7100



PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/747,293
Filing Date	December 22, 2000
First Named Inventor	James Wilkie
Art Unit	1654
Examiner Name	Roy Teller
Attorney Docket Number	SSI-011

**To: Commissioner for Patents**  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
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**NOTE:** This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

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**OR**

<input checked="" type="checkbox"/>	Firm or Individual Name <span style="border: 1px solid black; padding: 2px;">Dr. James Wilkie</span>					
Address		<span style="border: 1px solid black; padding: 2px;">Surgical Sealants, Inc.</span>				
Address		<span style="border: 1px solid black; padding: 2px;">150 New Boston Street</span>				
City		<span style="border: 1px solid black; padding: 2px;">Woburn</span>	State	<span style="border: 1px solid black; padding: 2px;">MA</span>	Zip	<span style="border: 1px solid black; padding: 2px;">01801</span>
Country		<span style="border: 1px solid black; padding: 2px;">United States of America</span>				
Telephone		<span style="border: 1px solid black; padding: 2px;">781-937-8181</span>			Fax	<span style="border: 1px solid black; padding: 2px;">781-937-8180</span>
Name	<span style="border: 1px solid black; padding: 2px;">Ronda P. Moore, D.V.M.</span>					
Signature	<span style="border: 1px solid black; padding: 2px;"><i>Ronda P. Moore, D.V.M.</i></span>			Registration No.	<span style="border: 1px solid black; padding: 2px;">44,244</span>	
Date	<span style="border: 1px solid black; padding: 2px;">February 3, 2004</span>			Telephone No.	<span style="border: 1px solid black; padding: 2px;">617-248-7044</span>	

**NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

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